SOUTH CAROLINA WHITE HOSUE CONFERENCE ON AGING

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(F) Long Term Care and Continuum of Care

Issue Papers

Carolina C

Long Term Care and Consumer Choice

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LONG TERM CARE AND CONSUMER CHOICE

<u>Issue/Problem:</u> Creating a system of long term care services that supports the values and preferences of older adults and their families

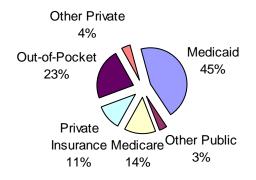
<u>Background:</u> Many older adults and other persons with disabilities require assistance with activities of daily living and/or chronic health needs. Long term care refers to the health and social support services needed to help some people function in everyday life. Such assistance makes it possible for them to maintain some independence and live in their communities. The type and degree of assistance required varies widely. It may include assistance with personal care (e.g., bathing, feeding, dressing), assistance with meal preparation and other household chores, help with mobility and finances, medical supplies, equipment, medication, or skilled nursing care.

Issues related to long term care increase in importance with the growth of the senior population. The 2004 AARP report, *Across the States: Profiles of Long-Term Care*, reports that 22.2% of South Carolina's 65 and over population has self-care or mobility limitations. The rapid growth in the 85+ population raises serious issues regarding the availability of long term care and how it is provided in the state. Consumer research in South Carolina, as in many other states, indicates that consumers wish to have more choice in how they receive services.

<u>Barriers:</u> The current system has significant barriers to consumers getting long term care services that are consistent with their values of: 1) receiving services at home and in the community, rather than in institutional settings; and 2) having control over how services are provided and who provides them.

The system that currently provides long term care is shaped by two powerful forces:

1) How care is financed – Most long term care expenses are not paid directly by the consumer, but are paid on behalf of the consumer by third parties such as government programs or insurance companies. While acting "on behalf" of the consumer, these third party payers have their own financial interests at stake and may impose rules and restrictions to protect those interests. Public funding pays for approximately 62% of long term care with the remainder covered by out-of-pocket expenditures, private insurance or other sources. The chart below shows the sources of funding for long term care.



Source: Kassner, Enic. *Medicaid and Long-Term Services and Supports for Older People.* AARP. 2004

Medicaid - As shown in the chart above, Medicaid is the largest payer of long term care. The Medicaid program must pay for skilled nursing home care and home health services (skilled nursing) for eligible persons age 21 and over. States may cover other optional long term care services such as personal care through the regular Medicaid program and may also cover special services or populations through Medicaid waivers. Waivers usually are only approved if they save the federal government money. In South Carolina, the waiver program for the elderly and disabled is known as the Community Long Term Care Program. It provides Medicaid-eligible clients who meet nursing home level of care with services such as personal care, home delivered meals, adult day health, attendant care and other support services. There is growing concern that states will be unable to support the growing costs of the Medicaid program, perhaps jeopardizing the long term care it finances as well as other health care services.

<u>Medicare</u> - Medicare generally doesn't pay for long-term care. Medicare doesn't pay for help with activities of daily living or other care that most people can do themselves. Some examples of activities of daily living include eating, bathing, dressing, and using the bathroom. Medicare pays only for medically necessary skilled nursing facility (SNF) or home health care, generally only for a short time after a hospitalization. Skilled care is health care given when skilled nursing or rehabilitation staff is needed to manage, observe, and evaluate the patient's care. Examples of skilled care are changing sterile dressings and physical therapy.

2) Who provides the care — Payers control who may be reimbursed for providing long term care services. Despite the fact that approximately 80% of all long term care is provided informally by families and friends, they typically are not eligible for reimbursement through public funding sources such as Medicaid and Medicare. Based on a traditional "medical model" of long term care, most payers have concentrated their resources on care provided by institutions and by professionals licensed by the state. So while consumers prefer care provided in their home and support services provided by family, friends, or other persons of their choosing, care must often be provided in "facilities" and even home care must be provided by licensed or certified professionals. These professionals influence or control the type, amount, location, and provider of services received.

South Carolina FY 2003 Medicaid expenditures for long term care for the elderly reflects that over 80% of expenditures went to provide institutional care.

SERVICE	PERSONS SERVED	FY 2003 EXPENDITURES	% OF LTC EXPENDITURES
Nursing Home Services	17,264	\$418,568,552	83%
Home/Community Based Waiver - Elderly/Disabled	13,589	\$73,834,320	15%
Home Health	7,765	\$12,191,153	2%
TOTAL	38,618	\$504,594,025	100%

Source: Burwell, Brian; Sredi, Kate; and Eiken, Steve. *Medicaid Long Term Care Expenditures* – *FY 2003.* Medstat. May 25, 2004. and SC DHHS Annual Report on Home and Community-Based Services Waiver (CMS 372 Report).

Note: Persons served are based on 11,522 Medicaid permit days for nursing homes; 11,000 approved slots for the waiver, and a limit of 75 visits per year per home health recipient.

<u>Solutions to Overcome Barriers:</u> To promote a system that provides for consumer choice and direction within the public sector, having the money "follow the person" is an approach advocated by the federal Centers for Medicare and Medicaid Services. States can allocate funding to support persons in need of long term care services, without narrow restrictions on the type, timing, location, and provider of services. Working within a limited budget based on the level of their disability, consumers (and families or other representatives if necessary) make the decisions about the kinds of services that will work most effectively for them, and the location, timing, and provider of those services. As consumers make changes in those decisions over time, the money budgeted for the person would follow them to the new services or providers.

South Carolina already has a Medicaid *Independence Plus* waiver under the President's New Freedom Initiative. Through this initiative, persons in the Medicaid Elderly/Disabled Waiver are offered the option of self-direction, with the assistance of a care advisor and a financial management service. It has been piloted in two regions of the state and is now ready to begin the process of being implemented statewide. Additionally, South Carolina's Family Caregiver Support Program operated statewide through the Lt. Governor's Office on Aging provides increased opportunities for caregivers to make care decisions.

Consumers who pay for their own long term care have the full array of choices about their care available to them (assuming services are available through the market place and at an affordable price). Therefore, decreasing dependence upon public financing is another way to promote individual control and choice.

Recommendations:

- ✓ Expand the concept of consumer choice to all public funding for long term care services. As part of this expansion, the state should no longer earmark long term care funds for certain services or providers, instead allowing those funds to "follow the person" to the service and provider of their choice. This would allow individuals and families to make decisions about their greatest needs and how they can be most efficiently and effectively met. This approach also recognizes the fluidity of needs of older adults and develops a payment structure that facilitates smooth transitions between service systems.
- ✓ Recognize that informal care is the backbone of the long term care system and must be supported by public policy. Support informal caregivers by providing a broader array of supports from which they can choose and by providing financial assistance to informal caregivers for providing care.
- ✓ Support federal legislation that will permit South Carolina and other states to implement a program that improves access to affordable private long term care insurance. Known as the Long-Term Care Partnership Program, the program permits consumers who exhaust benefits under their private long term care insurance to become eligible for

services funded by Medicaid without having to meet the usual financial eligibility requirements. This enables consumers to avoid a spend-down of assets. The program is a win-win in that it saves the government money at the same time that it provides an incentive for consumers to purchase long term care insurance.

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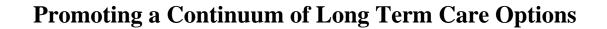
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By

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Promoting a Continuum of Long Term Care Options

Issue: Promoting a continuum of long term care options

<u>Background:</u> Over the last 25 years, the availability of in-home care has become a viable option for elderly and disabled South Carolinians who need long term care services. Prior to this time, institutional (nursing facility) services were the major option for persons who needed assistance with their long term care needs.

The current service options are often referred to as a *continuum of care*, meaning the variety of long term care services that are available to consumers to help meet their needs. It is important to have as many choices as possible about the type and location of services that are provided. These choices may range from various home care options to out-of-home services in an assisted living or nursing facility. These choices reflect the needs and preferences of the person and also build on supports that are available.

Some major points for consideration include:

- Most persons prefer to remain in their own home and community for as long as
 possible and to receive the assistance they need in a home setting. The term
 "aging in place" has become an accepted description of being able to reside in
 the least restrictive setting for as long as possible.
- When home care is no longer an option, due to personal or financial circumstances or because of the unavailability of formal and/or informal supports, out-of-home services in an assisted living or nursing facility may become necessary.
- The demand for home care services has increased over the past 25 years. There
 are more services and providers of service available in both the public and
 private arenas. In addition, there are more funding sources for home and
 community based services
- Home care can be a cost effective alternative to institutional care, particularly for Medicaid, which is the major payer for long-term care services in our state.
- As demand has increased, emphasis has been placed on the quality of care and ways to assure the health, safety and welfare of consumers of long term care services. Because many of the consumers of long-term care services can be persons who are frail and vulnerable, there is increasing attention given toward ways to minimize the potential of abuse, neglect and exploitation.
- Just as home care options and services have evolved over the last decade, there are innovations and greater choices in assisted living and nursing home care.

Barriers and Possible Solutions:

In order to address the issues related to the long-term care in South Carolina and creating an adequate continuum of care, the following barriers should be addressed:

BARRIERS:	BA	RR	IER	S:
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QUESTIONS TO CONSIDER:

RECOMMENDATIONS:

Increasing demand – The growth in our elderly population over the next five to ten years, will increase the demand for long term care services. Currently, there are 3500 persons awaiting assistance from the state's Community Long Term Care Program, a Medicaid-funded option for person with long term care needs. In addition, through the State's Aging Network it is estimated that over 3500 persons are awaiting home care services, such as home delivered meals.

- How can we develop incentives to build a strong network of long term care services in South Carolina?
- How can we achieve a balance between publicly and privately funded service options?
- What changes need to occur within the current continuum of care to accommodate increasing demand?
- How do we balance the need for nursing facility care and home care?

The State should develop comprehensive strategies to address the growing demand for long term care services.

<u>Funding issues</u>- As demand increases, there must be proposals to address the funding issues for long term care services.

- Can the State develop a stable source of revenue for long term care services?
- How can we increase private contributions for long term care services and lessen the need for public financing?
- What strategies do we need to use in developing these approaches?
- Both public and private funding strategies should be developed to address ways to finance long term care services for all South Carolinians.

Education – Both consumers and potential consumers and family caregivers need to be educated about long term care options so that they may plan for future years and select options that will best meet their needs and personal preferences.

- How do we educate consumers and potential consumers of long term care about future needs and encourage preplanning?
- What are the most effective ways to provide this information?
- A comprehensive education campaign should be developed to address ways to educate consumers about long term care.

Addressing the role of caregivers - Research studies have suggested that over three-fourths of the care provided to older persons is from informal supports like family, neighbors and friends.

- What supports do we need to provide to caregivers?
- How do we fund these programs and services?
- What incentives can we offer caregivers, such as
- Strategies should be developed to reinforce informal caregiving and its value in the long term care continuum.

tax credits, to encourage
their contributions?



By

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South Carolina Association of Residential Care Homes

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March 24, 2005

RE: Issue Paper

Background:

SCARCH (SC Association of Residential Care Homes) is a non profit trade organization repre-senting assisted living/residential care in SC. As an Association, we represent over 250 communities in SC ranging in size from 8 beds to over 100 beds. We represent communities that accept private pay and those that accept State pay. Our facilities range in all types from large campuses with independent, assisted and skilled components to small rural homelike residential communities.

Assisted Living/Residential Care communities employ thousands of South Carolinians and pro-vide a level of service for residents between "can't live at home alone" to "maximum assistance with Daily Living. The advantage to Assisted Living/Residential Care is the cost and level of ser-vice they require or desire. The cost of assisted living is 1/2 to 2/3 that of skilled care and the resi-dent has as much or as little assistance as needed or desired in a more homelike setting.

Issue:

To fit assisted living/residential care into the continuum of long term care in SC and to raise the consumers' awareness of assisted living and make services available and affordable to all seniors.

This can only be accomplished with fair, concise community license regulations that are resident focused toward quality care and yet keep the services affordable.

There also must be a third party reimbursement system for low income seniors that pays the true cost of quality resident care and meets the increasing need for services. Government, both state and federal, must work with providers in a cooperative spirit to meet this ever growing need.

History:

As the long term care delivery system grew in SC, from the skilled communities and smaller "boarding home" residential care type facilities of the 1970's to less growth of skilled facilities and the tremendous growth of assisted living in the 90's, the face of long term care changed.





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Consumers looking for an alternative to skilled nursing flocked to true assisted living communities and as a result assisted living continued to grow 300% since 1995 to present day. Nationwide there are now almost twice the number of assisted living communities as there are skilled nursing facilities.

With this growth there became problems that must be addressed by Government and providers. The senior populations and their children now demand better services.

To meet this future, assisted living providers must:

Continue to educate the consumer on what is and is not considered assisted living and what services are appropriate for assisted living

Address "aging in place" and continue to work with other providers to transfer residents to proper level of care thus making the continuum of care work

Continue to work with State agencies to be sure regulations are clear, concise and not subject to varying interpretations, in addition to being resident focused.

To be sure that increased costs associated with regulations are addressed while maintaining an eye on keeping assisted living affordable

Continue to work with State agencies to make assisted living affordable to State sponsored residents, YET insure that this third party State sponsored reimbursement meets the true cost of quality care.

The above can only be accomplished if Government and all providers work together.

I see first hand how a continuum of care works as I have all three levels of care – and will be delighted to discuss in depth.

Thank you for the opportunity to share SCARCH's commitment to seniors.

Nikki Robertson

Nikki Robertson SCARCH Director of Large Facilities



The State Affiliate of the Assisted Living Federation of America



By

J. Randal Lee President SC Health Care Association Columbia, South Carolina

Issue paper By: J. Randall Lee, President South Carolina Health Care Association

ISSUE:

Long term care is an integral part of the continuum of care. It is not any more or less important than the other aspects of the continuum. Long Term Care has a longer history of providing care to the elderly but that in no way makes it the preferred method of delivery.

BARRIER

Unfortunately many feel the need to begin the discussion about the continuum through negative comments about institutional care. They fail to recognize that each component of the continuum is necessary in order to meet the needs of the individual. What we have done, either by choice or chance, is work our way backwards. Instead of assessing the needs of the individual at a time when they are healthy and prudent decisions can be made, we inevitably wait until a crisis is near or present and then are limited in our choices because of previous housing, financial or medical decisions.

SOLUTION

In my opinion, we have, as a State, not done a very good job of providing workable, affordable alternatives. At some point we decided that in-home services were a preferred alternative to institutional care. In reality this was always the preferred method and from the beginning of time until the present these services were provided by the families.

RECOMMENDATION

In order to develop a continuum of care, we must do a complete inventory of our current services with an accurate apples-to-apples cost analysis of each component. What I believe we will find is that the necessary services are not in place and that each component is expensive. Only once the problems and costs are identified can we move forward and develop a plan for the future. This assessment needs to include all stakeholders. A plan developed by bureaucrats and imposed on recipients and providers will not foster the ownership that is vital to success.

Community Forums Report

(F)
Long Term Care and
Continuum of Care

2005 WHITE HOUSE CONFERENCE ON AGING

COMMUNITY FORUMS

LONG TERM CARE & CONTINUUM OF CARE

LOCATION OF EVENT: Fennell Elementary School – Yemassee, SC

Priority Issue:

Balance of institutional long term care and home/community based care based upon choice; home and community-based care following hospital stays.

Barriers:

- 1) Adequate financial support not readily available to frail seniors and their caregivers.
- Energy relief resources complicated and information not readily available to the public.
- 3) Hospital discharges based on Medicare guidelines, not on patient's readiness for discharge; necessitating nursing home admittance rather than being cared for at home.
- 4) Hospital care managers and social workers do not adequately advise patients and their families of available resources/support; do not provide adequate education on how to care for patient upon discharge.

Proposed Solution(s):

- 1) Accelerate efforts to implement Consumer Choice Program (SC Choice) being piloted in some areas of South Carolina; financial relief for caregivers through tax breaks.
- 2) Increase funding for energy relief programs to help seniors access services.
- 3) Review Medicare/Medicaid guidelines to allow patients extended stays in hospital when healing time is slower or w hen more time is needed to allow patients to be able to return to home rather than move to nursing facility sometimes just a few additional days would allow a smoother transition to home from a hospital stay.
- 4) Educate and better monitor efforts for hospital discharge planners to provide patients with adequate information on available resources and choices; better training of family members who will be providing home care for home bound seniors.
- 5) Review and elevate guidelines for Medicaid to better meet needs of broader senior population living on the upper edge of poverty but still without resources to meet basic living needs.

LOCATION OF EVENT: Gaillard Municipal Auditorium – Charleston, SC

Priority Issue:

The system for long term care (LTC) and a continuum of supportive care is inadequate to meet the needs of the growing older adult population.

Barriers:

- 1) High cost of long term care and medications.
- 2) Multiple entry points into the long term care system.
- 3) Lack of consumer knowledge of entry points and available services.
- 4) Complicated Medicaid eligibility requirements for both the consumer applicant and the facility applicant.
- 5) Lack of choices in rural areas.

Proposed Solution(s):

- 1) Improve the environment for workers in the institutional setting.
- 2) Increase the pay, supervision, and recognition of workers in home care programs and LTC facilities.
- 3) Encourage financial planning for the future.
- 4) Educate the public about the entry points, costs, and availability of services.

Recommendation:

Prioritize public funds so that adequate public resources are available to pay for the Long Term Care of our aging population. There should be an adequate quantity of home care, nursing homes, and assisted living facilities so that consumers have choices, including rural areas. Consumers should also have available affordable medications to prevent further deterioration of their physical and mental status.

LOCATION OF EVENT: Capital Senior Center – Columbia, SC

Priority Issue:

Need for pre-planning; need for faith community and family involvement; need for greater collaboration; need for better case management (3-4 services utilized per person).

Barriers:

- 1) Low income seniors have trouble with SC ACCESS (a state unit on aging Internet based information and referral system.
- 2) Difficulty in getting coverage for the middle income seniors- not rich enough not poor enough.
- 3) Data base that Optional State Supplement (OSS) State Medicaid/Community Residential Care Facilities (CRCF) maintain.

Proposed Solution(s):

 An increase in allocations in the Older Americans Act – specifically for direct services for in-home community based services, in order that seniors may reside in their homes longer and not rely on facilities. The savings are immense and people are happier.

- 2) The development of a continuum of care for case management in order to prevent duplication of services.
- 3) Given the proposed decrease in Medicaid funding for long term care, there should be public awareness/public education related to planning and choices related to long term care.

LOCATION OF EVENT: Upper Savannah AAA – Greenwood, SC

Priority Issue:

Cost of nursing homes and community care; availability of nursing home and community care; lack of resources for assistance for those needing less than skilled care; Lack of education on nursing home and community services placement and cost; pre-planning for cost.

Barriers:

- 1) Rural area, distance is great, not enough providers
- 2) How to pay for care, education of providing care, lack of family involvement;
- 3) Reluctance to receive assistance, resistance to outside help, culture;
- 4) No one available to give guidance.

Proposed Solution(s):

- 1) Tax break to keep a person at home.
- 2) Family leave from job.
- 3) Use congregational nurses as volunteers.
- 4) Free commercial spots for senior services.
- 5) Directory in phone book of senior services.
- 6) Congregational nurses to help supplement family members caring for seniors.
- 7) More affordable providers.

LOCATION OF EVENT: Pinckney Hall, Sun City Hilton Head – Bluffton, SC

Priority Issue:

Institutional care with home and community-based care based on choice; home and community based care following hospital stays.

Barriers:

- 1) Consumer has no choice in how funds are spent for long term care or nursing home care.
- 2) Not enough nursing home beds, nor residential hospice care beds.
- 3) Caregivers do not receive enough assistance when they choose to keep their frail senior family member at home rather than in a nursing home.
- 4) Family members and senior patients not fully informed of their options, nor properly trained in caring for the ill loved one prior to hospital discharge.

5) Home health care beyond most budgets of middle income seniors, yet, this is the preferred means of caring for them.

Proposed Solution(s):

- 1) Implement SC Choice throughout South Carolina to assist family in caring for loved ones at home; make available to low and middle income seniors.
- 2) Review and revise regulations of number of beds in a regions for nursing home level of care and for residential hospice care; especially rural areas.
- 3) Assist caregivers financially when they have to quit a job to care for elderly parents so that they can care for their parents at home rather than in a nursing home if that is their choice.
- 4) Provide more aggressive training to medical professionals on services available to seniors as well as require proper training for care by family members before discharge from hospitals.

LOCATION OF EVENT: H. Odell Weeks Activity Center – Aiken, SC

Priority Issue:

Long term care (LTC) and a continuum of supportive services is inadequate to meet the needs of the growing older adult population.

Barriers:

- 1) High cost of long-term care and medications.
- 2) Confusion on Medicare Reform and the Medicare Part D card.
- 3) Complicated Medicaid eligibility criteria for the applicant.
- 4) Lack of choices in rural areas.
- 5) Employers are terminating and/or changing health insurance for retirees that they have counted on while making future plans. This will create problems as a result, if not stopped.

Proposed Solution(s):

- 1) Increase the recognition of workers in home care programs and LTC facilities.
- 2) Educate the public about costs, services, and entry points for LTC.
- 3) Encourage financial planning for the future.
- 4) Insurance companies should not be allowed to discriminate against retirees.

Recommendation:

There should be an adequate choice of home and community based services, assisted living facilities, and nursing homes so that consumers have choices, including the rural areas. Consumers should have access to affordable medications to prevent deterioration of their physical and mental conditions. Companies should not be allowed to change or terminate insurance plans for retirees.

LOCATION OF EVENT: Orangeburg County Council on Aging -Orangeburg, SC

Priority Issue:

Long term care (LTC) and a continuum of supportive services is inadequate to meet the needs of the growing older adult population.

Barriers:

- 1) High cost of long-term care and medications.
- 2) Complicated Medicaid eligibility criteria for the applicant.
- 3) Many seniors are afraid of the Estate Recovery Law and refuse services under Medicaid.
- 4) Lack of choices in rural areas.

Proposed Solution(s):

- 1) Increase the recognition of workers in home care programs and LTC facilities.
- 2) Educate the public about costs, services and entry points for LTC.
- 3) Education programs about the Estate Recovery Law.
- 4) Encourage financial planning for the future.

Recommendation:

There should be an adequate choice of home and community based services, assisted living facilities and nursing homes so that consumers have choices, including the rural areas. Consumers should have access to affordable medications to prevent deterioration of their physical and mental conditions.

LOCATION OF EVENT: City Council Chambers – Rock Hill, SC

Priority Issue:

Long-term care living.

Barriers:

- 1) The cost of providing long-term care is cost prohibitive especially acute care.
- 2) A cost of \$3,000 to \$5,000 monthly is not affordable for most.
- 3) Medicaid facilities for this type care not available.
- 4) Need to find more affordable long-term care facilities.
- 5) A big gap exists between Medicaid and the minimum \$3,000 funding needed to cover long-term care costs.
- 6) The average age of participants at senior centers is increasing.

Proposed Solution(s):

- 1) We all want seniors to have a good quality of life and to remain at home. We need to identify ways of allowing seniors to remain at home.
- 2) We need to identify ways of getting seniors not to remain permanently in the nursing home but to return to their own home as soon as feasible.

- 3) Increase the availability of acute care.
- 4) Very small percentage senior population actually in nursing homes.
- 5) Movement to redirect funding from nursing homes to supporting seniors who remain in t heir homes. Need to support this idea more to counter the medical model.

LOCATION OF EVENT: Santee-Lynches Regional Council of Governments – Sumter, SC

Priority Issue:

Safe, affordable neighborhoods/communities for living independently.

Barriers:

- 1) Lack of available land opportunities.
- 2) Lack of central location.
- 3) Lack of available transportation
- 4) Too much emphasis on contractor profit.
- 5) Building codes too restrictive.
- 6) Many available living areas are not safe.

Proposed Solution(s):

- 1) Plan and build safe, friendly neighborhoods so seniors can live independently.
- 2) Establish reliable transportation.
- 3) Provide a safe/secure environment by: using cameras, hiring additional police personnel, establishing an active neighborhood watch program, using gated area entrances, ensuring safe and lighted walkways/sidewalks, and using single story dwellings.

LOCATION OF EVENT: Emmanuel Baptist Church – Manning, SC

Priority Issue:

In-Home Services.

Barriers:

- 1) Lack of available services to ensure seniors can remain in their own homes.
- 2) Lack of affordable medical services.
- 3) Lack of affordable medications.
- 4) Lack of services to provide leg braces, wheelchairs, hearing aids, glasses, diabetic shoes, and other items not traditionally provided by Medicare.

Proposed Solution(s):

- 1) Provide more affordable and reliable in-home services to assist clients with activities of daily living (ADLs) (morning in-home services more senior friendly, extend existing in-home hours each day, and extend services to include weekends, too.)
- 2) Provide affordable medical health care to include medications.

3) Allow Medicare to pay for items that are necessary to improve quality of life.

<u>Focus Group Concern:</u> (1) Housing (rehab, modification, and low-income quality homes needed); and (2) Alzheimer's (more Alzheimer's income services needed and more Alzheimer's education needed, especially in rural areas.)

LOCATION OF EVENT: Kershaw County Health Resource Center - Camden, SC

Priority Issue #1:

Lack of appropriate placement for those requiring adult day facilities, assisted living facilities, and in-home care.

Barriers:

- 1) Inadequate reimbursement rate for Assisted Living Facilities.
- 2) Federal policy for funding.
- 3) Education.
- 4) Lawsuits.
- 5) Lack of pharmacies in smaller towns and rural areas.

Proposed Solution(s):

- 1) Increase funding, then consider centralization of money for case management.
- 2) Provide additional community education resources.
- 3) Expand Medicare/Medicaid coverage.
- 4) Tort reform.
- 5) Create incentives for drug companies to establish pharmacies in rural areas.

Priority Issue #2:

Lack of geriatric and specialization of physicians.

Barriers:

- 1) Lawsuits.
- 2) Education.
- 3) Absence of pharmaceuticals in rural areas.

Proposed Solution(s):

- 1) Tort Reform.
- 2) Funding for pharmacies.

Priority Issue #3:

Lack of specialized services for seniors, especially for those who require mental health and Alzheimer's services.

Barriers:

1) Availability of professional care providers (psychiatrists, gerontologists).

- 2) Availability of resources/funding.
- 3) Lack of specialized facilities.
- 4) Lack of education.

Proposed Solution(s):

- 1) Increase funding to provide additional specialized services and to improve education resources.
- 2) Expand Medicare/Medicaid to cover these services.
- 3) Build adequate facilities.

LOCATION OF EVENT: The Shepherd's Center – Sumter, SC

Priority Issue:

In-home long-term care (skilled and routine, as needed).

Barriers:

- 1) Not enough providers and caregivers.
- 2) Lack of continuity.
- 3) Lack of medical care.
- 4) Insurance companies do not cover in-home long-term care.
- 5) So many different levels of service needed for seniors to remain in their homes, all dependent on recipient's health, age and needed skills.

Proposed Solution(s):

- 1) Train more providers and caregivers.
- 2) Encourage and provide incentives for physicians to make house calls.
- 3) Help families prepare for having back-up systems to care for the recipient in case the primary caregiver is not available.
- 4) Revise insurance coverage to include in-home long-term care

Focus Group Concern: (1) Long-term care facilities are not affordable; and (2) Long-term care facilities need to be more senior friendly.

LOCATION OF EVENT: Bethlehem United Methodist Church – Bishopville, SC

Priority Issue #1:

Quality of long-term care facilities.

Barriers:

- 1) Inadequate monitoring of long-term care facilities.
- 2) Inadequate number of staff.
- 3) Inadequate number of trained staff.
- 4) Overcrowding now, but will become worse due to growing number of senior population.

5) Obvious level of service and a very different environment for paying clients and Medicaid/Medicare clients (noticeable separation).

Proposed Solution(s):

- 1) Build more affordable facilities.
- 2) Ensure sufficient specialized facilities (Alzheimer's, Mental Health).
- 3) Review current operating procedures of existing long-term care facilities to ensure they are more efficient and effective in caring for seniors and those with disabilities, regardless of paying status.

Priority Issue #2:

Not enough funding for long-term care facilities and to assist families.

Barriers:

- 1) Long-term care insurance too expensive.
- 2) Budget deficit prevents adding governmental funds to long-term care program.
- 3) Insufficient number of affordable long-term care facilities.
- 4) Often families cannot visit loved ones in long-term care facilities due to travel distances.

Proposed Solution(s):

- 1) Seek funding for long-term care program.
- 2) Encourage a healthier lifestyle so seniors can remain in their own homes longer.
- 3) Ensure there is accountability of funding and programs to ensure best use of available money.

<u>Focus Group Concern:</u> (1) Not enough caregivers, (2) Insufficient number of reliable caregivers, (3) Many affordable facilities are not stable or adequate, and (4) Need more public information on adult day care (cost and operation).